## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000020040

Entity Name: CHAD HALSEY CONSTRUCTION INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

844 WOODBINE DR 476 COCOPLUM CT.

MERRITT ISLAND, FL 32952 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

844 WOODBINE DR 476 COCOPLUM CT.

MERRITT ISLAND, FL 32952 SATELLITE BEACH, FL 32937

FEI Number: 03-0405499 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALSEY, CHAD

844 WOODBINE DR

HALSEY, CHAD

476 COCOPLUM CT.

MERRITT ISLAND, FL 32952 US SATELLITE BEACH, FL 32937 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHAD HALSEY 04/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D () Delete Title: D (X) Change () Addition HALSEY, CHAD Name: HALSEY, CHAD

 Name:
 HALSEY, CHAD
 Name:
 HALSEY, CHAD

 Address:
 844 WOODBINE DR
 Address:
 476 COCOPLUM CT.

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:
 SATELLITE BEACH, FL 32937

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 HALSEY, LAURA
 Name:
 HALSEY, LAURA

 Address:
 844 WOODBINE DR
 Address:
 476 COCOPLUM CT.

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:
 SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD HALSEY DR 04/19/2006